

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

(Includes Reference to PCT International Applications)

ATTORNEY'S
DOCKET NUMBER
G12129USW

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

COPY

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD FOR PREPARING CAMPTOTHECIN DERIVATIVES

the specification of which (check only one item below):

☐ is attached hereto with Preliminary Amendment.

☐ was filed as United States application Serial No. _____ on _____ and was amended on _____ (if applicable).

☒ was filed as PCT international application Number PCT/US96/17574 on 1 November 1996

and was amended under PCT Article 19 on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 and all information which became available between the filing of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) having a filing date before that of the application(s) on which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (if PCT indicate PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
1. PCT	US96/17574	1 November 1996	X
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)	
1. 60/006,138	2 November 1995	
2.		
3.		
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5.		

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Continued - Includes References to PCT International Applications)				ATTORNEY'S DOCKET NUMBER G12129USW																					
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or §365(c) of any PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:																									
PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:																									
U.S. APPLICATIONS			STATUS (Check one)																						
U.S. APPLICATION NUMBER	U.S. FILING DATE		PATENTED	PENDING	ABANDONED																				
60/006,138	2 November 1995				X																				
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POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)																									
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">David J. Levy</td> <td style="width: 33%;">Reg. No. 27,655</td> <td style="width: 33%;">James P. Riek</td> <td style="width: 33%;">Reg. No. 39,009</td> </tr> <tr> <td>Charles E. Dadswell</td> <td>Reg. No. 35,851</td> <td>Robert T. Hrubiec</td> <td>Reg. No. 36,392</td> </tr> <tr> <td>Karen L. Prus</td> <td>Reg. No. 39,337</td> <td>Frank P. Grassler</td> <td>Reg. No. 31,164</td> </tr> <tr> <td>Robert H. Brink</td> <td>Reg. No. 36,094</td> <td>Shah R. Makujina</td> <td>Reg. No. 41,174</td> </tr> <tr> <td>Elizabeth Selby</td> <td>Reg. No. 38,298</td> <td></td> <td></td> </tr> </table>						David J. Levy	Reg. No. 27,655	James P. Riek	Reg. No. 39,009	Charles E. Dadswell	Reg. No. 35,851	Robert T. Hrubiec	Reg. No. 36,392	Karen L. Prus	Reg. No. 39,337	Frank P. Grassler	Reg. No. 31,164	Robert H. Brink	Reg. No. 36,094	Shah R. Makujina	Reg. No. 41,174	Elizabeth Selby	Reg. No. 38,298		
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Send Correspondence to: David J. Levy, Patent Counsel Global Intellectual Property Department Glaxo Wellcome Inc. Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709			Direct Telephone Calls to: Frank P. Grassler (919) 483-6983																						
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL																					
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP																					
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY																					
		16 Greymbirch Road	Andover	MA, 01810, US																					
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		Glaxo Wellcome Inc. Five Moore Drive, PO Box 13398	RTP	NC 27709, US																					
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COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
(Continued - Includes References to PCT International Applications)

ATTORNEY'S DOCKET NUMBER
GI2129USW

206	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
207	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
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	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
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	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 201 <i>[Signature]</i>	Signature of Inventor 202	Signature of Inventor 203
Date <i>Aug 7, 1988</i>	Date	Date
Signature of Inventor 204	Signature of Inventor 205	Signature of Inventor 206
Date	Date	Date
Signature of Inventor 207	Signature of Inventor 208	Signature of Inventor 209
Date	Date	Date
Signature of Inventor 210		
Date		

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U.S. APPLICATIONS			STATUS (Check one)		
U.S. APPLICATION NUMBER	U.S. FILING DATE		PATENTED	PENDING	ABANDONED
60/006,138	2 November 1995				X
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Karen L. Prus	Reg. No. 39,337	Frank P. Grassler	Reg. No. 31,164
Robert H. Brink	Reg. No. 36,094	Shah R. Makujina	Reg. No. 41,174
Elizabeth Selby	Reg. No. 38,298		

Send Correspondence to:

David J. Levy, Patent Counsel
Global Intellectual Property Department
Glaxo Wellcome Inc.
Five Moore Drive, PO Box 13398
Research Triangle Park, NC 27709

Direct Telephone Calls to:

Frank P. Grassler
(919) 483-6983

201	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		16 Greymbirch Road	Andover	MA, 01810, US
202	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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		Glaxo Wellcome Inc. Five Moore Drive, PO Box 13398	RTP	NC 27709, US
203	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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204	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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205	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
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COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
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	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2 0 7	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
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2 0 8	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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2 0 9	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
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Signature of Inventor 201	Signature of Inventor 202 <i>Shirley</i>	Signature of Inventor 203
Date	Date 4/29/98	Date
Signature of Inventor 204	Signature of Inventor 205	Signature of Inventor 206
Date	Date	Date
Signature of Inventor 207	Signature of Inventor 208	Signature of Inventor 209
Date	Date	Date
Signature of Inventor 210		
Date		